

FILED APR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7599**

090

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>57121</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u> <u>Marble Hill, Mo.</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural, Lorraine</u> c. LENGTH OF STAY (in this place) <u>life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Marble Hill, Rural</u> d. STREET ADDRESS (If rural, give location) <u>Marble Hill, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Edward</u> c. (Last) <u>Harris.</u>		4. DATE OF DEATH (Month) <u>3</u> (Day) <u>24</u> (Year) <u>50</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Widowed</u>		8. DATE OF BIRTH <u>May 29-1884</u>		9. AGE (In years last birthday) <u>65</u> If under 1 year: Months <u>9</u> Days <u>23</u> If under 12 hrs. Hours <u></u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming,</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Harris</u> 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> 14. NAME OF HUSBAND OR WIFE <u>Delphia Louise Bollinger</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> 16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mae Johnson, Marble Hill, Mo.</u> ADDRESS _____				18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ 21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>3/24/50</u> , and that death occurred at <u>5:15</u> p.m., from the causes and on the date stated above.				23a. SIGNATURE <u>John J. Myers</u> (Degree or title) <u>Coroner</u> 23b. ADDRESS <u>Lutesville Mo.</u> 23c. DATE SIGNED <u>3/31/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 24b. DATE <u>3-26-50</u> 24c. NAME OF CEMETERY OR CREMATORY <u>Lesley Ridge Cemetery</u> 24d. LOCATION (City, town, or county) <u>Bollinger, Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 31-1950</u>		REGISTRAR'S SIGNATURE <u>Willie VanDunbrogh</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shelley Ward</u> ADDRESS <u>Bohsville Mo.</u>		(Licensed Embalmer's Statement on Reverse Side)	

RECEIVED

APR 5 1950

DISTRICT HEALTH OFFICE No.

File No. 450-513

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Howard B. Laman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.